



**IN THE MATTER OF A MEDICAL EVENT SUFFERED BY A WOMAN
AFTER BEING IN THE CUSTODY OF THE RCMP
IN PORT HARDY, BRITISH COLUMBIA
ON APRIL 10, 2025**

**DECISION OF THE CHIEF CIVILIAN DIRECTOR
OF THE INDEPENDENT INVESTIGATIONS OFFICE**

Chief Civilian Director: Jessica Berglund

IIO File Number: 2025-094

Date of Release: May 7, 2026

INTRODUCTION

On April 10, 2025, several hours after being released from custody at the RCMP detachment in Port Hardy, the Affected Person (“AP”), who is Indigenous, was found lying unresponsive on the ground, only a short distance from the detachment. She was taken to the local hospital and then airlifted to Victoria, where she eventually recovered after an extended period of medical care.

Because of the proximity between the AP’s medical event and police custody, the Independent Investigations Office (“IIO”) was notified and commenced an investigation. The narrative that follows is based on evidence collected and analyzed during the investigation, including the following:

- statements of the AP, three civilian witnesses and five witness police officers;
- police Computer-Aided Dispatch (“CAD”) and Police Records Information Management Environment (“PRIME”) records;
- video recordings from RCMP detachment;
- RCMP policies;
- RCMP cellblock records;
- Environment Canada weather data; and
- B.C. Emergency Health Services (“BCEHS”) records and other medical evidence.

The IIO does not compel an officer whose actions are the subject of an investigation to provide evidence. In this case, the subject officer has declined to be interviewed, but the IIO was given access to his PRIME reports.

NARRATIVE

At 5:12 p.m. on April 9, 2025, BCEHS paramedics were called to a residence on the Tsulquate reserve near Port Hardy for an “unconscious female.” When they arrived, the home’s occupants indicated they wanted the Affected Person (“AP”) removed because she was intoxicated and violent. Police also attended the call because, due to prior safety issues at the residence, paramedics had designated the location as a “Safety Watch Residence.” The paramedics examined the AP and found her fit for police custody. Police took her into custody with the intention of holding her until she was sober enough to care for herself. One of the attending paramedics later told IIO investigators that she had been able to confirm that the AP’s vital signs were within the normal range. Family members

had told the paramedics that the AP was not welcome to come home with them because she had been consuming alcohol and crack cocaine and had earlier been violent with them.

IIO investigators questioned the responding officers about their reasons for judging it better to take the AP to cells rather than leave her at the residence where she had been found. Witness Officer 1 (“WO1”) told the IIO that an attending paramedic had told police that the AP was unwanted by the home’s residents but had refused to go in the ambulance. WO1 added that the paramedics were not willing to take the AP because of concerns for their safety, as she had attempted to assault them when they had roused her to check her wellbeing. They had, however, assessed her and declared her fit for police custody. WO1 stated that on numerous occasions he had found the AP unconscious due to alcohol intoxication, either in public places or in private residences. He indicated it was not uncommon for police to be informed by residents that the AP was not welcome in their homes. WO1 expressed concern that the AP would not be properly cared for either in the residence where she was found on this occasion or at her own home, with which he said he was very familiar. He concluded that the most appropriate course of action was to transport the AP to cells, where she could be safely monitored until she was sober enough to be released.

Witness Officer 2 (“WO2”) told investigators that he helped WO1 and the Subject Officer (“SO”) carry the AP from the police vehicle on a “manta mat,” a fabric sheet designed for the transport of an unconscious person. WO2 said he was initially concerned about the AP’s condition but learned from WO1 that the paramedics had medically cleared her for cells and saw that WO1 was able to rouse the AP by pinching her arm.

At 5:56 p.m., the AP was placed in a cell in the recovery position. While in custody, she was monitored appropriately by detachment staff, and her stay in the cell was also recorded on video. At 6:00 p.m., WO1 went off shift.

At 9:27 p.m., WO2 went into the cell and spoke with the AP. She got to her feet and was able to walk, but WO2 judged her still too intoxicated to release.

At midnight, WO2’s shift ended, and he confirmed with the SO that he could release the AP when sober and give her a ride home.

At 2:52 a.m. on April 10, 2025, the SO checked on the AP, and his written PRIME report indicates as follows:

[The AP] was able to stand and walk and able to care for herself and indicated she would walk to [her home address]. [The SO] returned [the AP’s] effects. [The AP] signed C13 form for her effects being returned. [The SO] released [the AP] from cells.

The AP left the detachment at 2:57 a.m. after speaking with the SO and signing the required documents. She declined the offer of a ride home. The AP was not charged with any offence. Video recordings show her walking away without any apparent difficulty or visible sign of intoxication. She was dressed in shorts, a crop top and a sleeveless vest, and was carrying a hoodie. It was raining at the time, and Environment Canada records show the temperature that day was about eight degrees Celsius.

At about 7:20 a.m. the same day, Civilian Witness 1 (“CW1”) and Civilian Witness 2 (“CW2”) found the AP lying on the ground, a short distance from the RCMP detachment. CW1 said that it looked as if the AP had lain down, her legs straight out and her arms by her sides. He said her skin was purple and blue, and she appeared to be suffering from hypothermia. The sandals she had been wearing when she left the detachment were on the ground beside her, and her hoodie was missing. CW2 called 911 and an ambulance responded, as well as a police officer, Witness Officer 3 (“WO3”).

The AP was hospitalized for four days before discharging herself against medical advice. Her medical records indicate a diagnosis of “altered level of consciousness consistent with substance-induced or withdrawal seizure ... hypothermia, hypotension and hypoglycemia.”

The AP was interviewed by IIO investigators and said she had no recollection of the day in question, because she had been intoxicated. She said that she has frequent blackouts from drinking. The AP said she had been in police cells multiple times and generally made her own way home (about a 15-minute walk) or went to the hospital. She said she had no memory of leaving the detachment on the day of the incident.

ANALYSIS

The Independent Investigations Office of British Columbia (“IIO”) is mandated to investigate any incident that occurs in the province in which an Affected Person has died or suffered serious physical harm and there appears to be a connection to the actions (or sometimes inaction) of police. The aim is to provide assurance to the public that when the investigation is complete, they can trust the IIO’s conclusions, because the investigation was conducted by an independent, unbiased, civilian-led agency.

In most cases, those conclusions are presented in a public report such as this one, which completes the IIO’s mandate by explaining to the public what happened in the incident and how the Affected Person came to suffer harm. Such reports are generally intended to enhance public confidence in the police and in the justice system as a whole through a transparent and impartial evaluation of the incident and the police role in it.

In a smaller number of cases, the evidence gathered may give the Chief Civilian Director (“CCD”) reasonable grounds to believe that an officer has committed an offence in connection with the incident. In such a case, the *Police Act* gives the CCD authority to refer the file to Crown counsel for consideration of charges.

In a case such as this one, involving a potential negligence offence, IIO investigators gather evidence about whether officers met the relevant standard of care.

Based on the available evidence, the officers’ actions were reasonable and appropriate in the circumstances. The decision to transport the AP to the detachment was made solely to allow her to sober up until she was assessed as capable of caring for herself.

There is no evidence that police used force against the AP at any time, nor is there evidence that officers were negligent in their monitoring of her while she was detained in cells. The evidence indicates that the AP was checked periodically, and no signs of medical distress were observed during her detention.

The SO reported that, upon her release, the AP stated she would make her own way home. This is consistent with the AP’s own statement that it was her usual practice to walk home following release from cells. At the time of her release, officers believed the AP was capable of caring for herself, and there was no indication that she required further police or medical intervention. The AP had also received medical attention earlier that day.

It is unknown how the AP later came to be lying on the ground in the rain after her release. However, medical evidence indicates that she likely experienced a seizure and hypothermia after leaving police custody. There is no evidence to suggest that officers were aware, or ought reasonably to have been aware, that such a medical event was imminent at the time of her release.

In these circumstances, the subsequent outcome was not reasonably foreseeable by the SO. The decision to release the AP when she indicated she wished to leave and appeared capable of caring for herself did not constitute a breach of the duty of care owed by police.

Although no breach of the duty of care is established, it is important to acknowledge that the AP is an Indigenous woman with complex vulnerabilities, some of which were known to police. The 2019 report *Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls* recognizes that Indigenous women with intersecting health, substance use, and social vulnerabilities face heightened risk at points of police detention and release, even where officers act in accordance with policy and assess individuals as able to care for themselves.

In conclusion, as Chief Civilian Director of the IIO, I do not find reasonable grounds to believe that an officer may have committed an offence under any enactment, and the matter will not be referred to Crown counsel for consideration of charges.

Jessica Berglund
Chief Civilian Director

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